



**Characteristic and help-seeking behavior of patients with infections who called the medical helpline 1813
a mixed methods study**

Junker Udesen, Stine Emilie; Kristiansen, Maria; Touborg Lassen, Annmarie; Folke, Fredrik; Gamst-Jensen, Hejdi

Published in:
Dansk Tidsskrift for Akutmedicin

Publication date:
2019

Document version
Publisher's PDF, also known as Version of record

Document license:
[Unspecified](#)

Citation for published version (APA):
Junker Udesen, S. E., Kristiansen, M., Touborg Lassen, A., Folke, F., & Gamst-Jensen, H. (2019). Characteristic and help-seeking behavior of patients with infections who called the medical helpline 1813: a mixed methods study. *Dansk Tidsskrift for Akutmedicin*, 2, 52. <https://tidsskrift.dk/akut/issue/view/8206/800>

Characteristics of citizens with repeated calls within 48 hours to the Medical helpline 1813

2019 Vol. 2
DEMC8 abstracts

Mitti Blakø
*Medical Emergency Services,
Capital Region of Denmark,
Copenhagen
University of Copenhagen, Denmark*
Hejdi Gamst-Jensen
My Catarina von
Euler-Chelpin
Fredrik Folke
Freddy Lippert
*Emergency Medical Services,
University of Copenhagen*
Tom Møller

Kontaktinformation
e-mail: mitti.blakoe@regionh.dk

Background: In the Capital Region of Denmark, the Medical helpline 1813 is integrated in the Emergency Medical Services, where citizens are triaged to receive face-to-face consultation (e.g. emergency department) or telephone consultation. Approximately 4,0 % of the calls received are repeated calls < 48 hours,

representing citizens with progression in symptoms or an unmet need for help during the initial call, which potentially may lead to delay in triage to face-to-face consultation, examination and treatment. We aimed to identify differences in sociodemographic and health related characteristics between citizens performing single calls compared to citizens performing repeated calls < 48 hours.

Methods: The authors used data from the prospective observational Degree-of-worry study, conducted from the Medical Helpline 1813 from 18 January - 9 February 2017, including citizens performing single calls (n=11.131) and citizens performing repeated calls (n=464), defined by < 48 hours between calls. Information on callers were collected from the Medical Helpline electronic records, Statistic Denmark Registers and the National Patient Register. Self-reported characteristics as self-rated health (SRH scale 1-5)

and Degree of worry concerning the actual situation (DOW on scale 1-3) were collected at the initial call. The authors performed logistic regression analyses, calculating Odds Ratio (OR) and 95% Confidence Intervals (CI).

Results: Seven variables were significantly associated with repeated callers: Age > 65 OR=1.58 (95% CI=1.18-2.10), immigrants OR=1.41 (95% CI=1.03-1.93), annual income in highest quartiles OR=0.69 (95% CI=0.54-0.89), high DOW OR=1.33 (95% CI=1.06-1.66), poor SRH OR=1.64 (95% CI=1.21-2.21) and > 2 comorbidities OR=1.66 (95% CI=1.26-2.19). Gender and time of call were not significantly associated with repeated callers. The significant association remained in analyses adjusted for age and gender. In the mutual adjusted analyses the disproportions decreases.

Conclusion: Results identify disproportions between repeated callers and single callers in characteristics related to age, immigrants, income, comorbidities and the self-rated variables SRH and DOW. This indicates that these characteristics potentially could be determinants for a delay in a face-to-face examination and treatment for citizens performing repeated calls. However, these disproportions are decreased in the mutual adjusted analyses, indicating that sociodemographic and health related characteristics have a reinforcing effect.